



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
 LNU, Commercial Bldg., Francisco Duque St., Tapuac District Dagupan City

POMM-P-006

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: **ES PRINTSHOP PRINTING SERVICES**

PO No. **2021_091**

Address: **Pob. West, Calasiao, Pangasinan**

Date: **12/6/2021**

Tel.Fax No.: **0938-970-1576, 0917-129-0764**

Terms of Payment: **Charge**

Supplier Registered with: **740-503-465-000 NV**

Mode of Procurement: **Negotiated Procurement-
Small Value Procurement**

Please deliver to this office within **2-3 weeks** from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	288	pcs	POLO SHIRT	430.00	123,840.00
			XXXXXXXXXXXXXXXXXXXX Nothing Follows XXXXXXXXXXXXXXXXXXXX	TOTAL	123,840.00
			Less: VAT (1%)	1,238.40	
			EWT (1%)	1,238.40	2,476.80
			PR No. 21-1119-0218		
			PURPOSE: Token for GAD Activity	TOTAL	121,363.20

Terms & Conditions:

- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties, or in connection with any transaction which may affect the functions of thier office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.
- Deliveries should be made within 8:00AM - 12:00NN and 1:00PM - 3:00PM on working days on or before the date stipulated in the PO.
- Partial delivery per item will not be accepted.

Very truly yours,

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

Certified Budget Available: _____ Funds Available in the amount of: 123,840 JOSE A. MONES _____ EDWARD Q. ESPIRITU Fiscal Controller III _____ AD IV / OIC-Office of the FMS Chief		APPROVED: COMMISSION ON AUDIT AUDIT TEAM R1-04 (PHIC Group) DEC 13 2021 RECEIVED BY: _____	DENNIS B. ADRE Regional Vice President, PRO1
With in the COB: 2021 Expense Code: 5029918009 Bdgct: 123840 Remarks: _____			
Conforms: _____ Julie Caban Signature over Printed Name and Position of Authorized Representative		Date: Dec 10, 2021 Date	